



**LAKE COUNTY**  
**Board of County Commissioners**

ES-5.02.02  
Procedure

---

**SUBJECT:** Property & Liability Program

**APPROVED:** December 11, 2006

**EXPIRATION DATE:** This procedure remains in effect until superseded or cancelled.

**SUPERSEDES:** Lake County Procedure, LC-3 –  
Damage Vehicles/Insurance Claims

**ORIGINATOR:** Employee Services

---

**PURPOSE & SCOPE:**

The purpose of this document is to provide procedures for reporting property damage and liabilities.

**REFERENCES:**

Chapter 768.28, Florida Statutes, Waiver of sovereign immunity in tort actions; recovery limits; limitation on attorney fees; statute of limitations; exclusions; indemnification; risk management programs.

Workers' Compensation and Property & Liability Policy (LCC-71)

Workers' Compensation Program (ES-5.02.01)

Property & Liability Claims Settlement Policy (LCC-72)

Property & Liability Claims Committee (ES-5.03.01)

**APPLICABILITY:**

This procedure applies to all employees of Lake County Board of County Commissioners (BCC) and employees from other Lake County agencies covered by the County's Property & Liability Program.

**PROCEDURE:**

During a Property & Liability claim, it is important that the manager/supervisor, employee and the Third Party Administrator communicate with one another to ensure that all information is obtained concerning the claim. The Office of Employee Services is always available to answer questions or provide guidance concerning Property & Liability policies and procedures.

**1. Responsibilities**

- A. Employee - All Lake County employees are required to immediately report to their Supervisor any incidents involving damage to Lake County property. The employee must not admit liability or offer a settlement in situations when damage is made to citizen(s) property.
- B. Management/Supervisory - Supervisors will immediately complete the property damage reports for incidents involving damage to Lake County or citizens' property. The supervisor is responsible for ensuring that all reports are completed, faxed when necessary, collected, and submitted as a complete packet to the Office of Employee Services immediately following an incident. The

supervisor will also provide corrective actions if necessary and verify that all employee and witness forms have been completed and signed. (See *Section 6*)

- C. Service Providers - The Third Party Administrator (TPA) will gather information, communicate with claimants, obtain statements, and when necessary, negotiate settlements.
- D. The Office of Employee Services' Risk Coordinator - The Employee Services' Risk Coordinator will contact the Third Party Administrator concerning property & liability claims, coordinate meetings and actions of the Property & Liability Claims Committee, and advocate the County's position regarding settlement of claims.

2. Damage to County Property other than County Vehicles

- A. Supervisors must report any damage to County property to the Office of Employee Services immediately following an incident or as soon as possible after the damage has been discovered utilizing the property damage forms. The forms must include information on the year, make, model, and County property item number. A photo of the damaged item should also be provided. (See *Section 6*)
- B. Any incident involving vehicle damage, theft, disappearance, vandalism or "hit and run" must also be reported immediately to the appropriate law enforcement authority.
- C. If County property damage is under \$1,000, the repair payments will be the responsibility of the Department that had custody of the equipment at the time of the incident.
- D. If County property damage is over \$1,000, the repair payments will be the responsibility of the TPA.
- E. The Risk Coordinator will act as the liaison between the supervisor and the TPA, to obtain the necessary information, provide contact information for appraisals, provide explanations and advocate the County's position on any settlement recommended by the TPA.

3. Damage to County Vehicles

All accidents involving damage to County vehicles shall be reported to the Office of Employee Services immediately following an incident. The Supervisor will fax the completed Lake County Property Damage forms and a copy of the local authorities' investigation report from the accident scene to the Office of Employee Services. The supervisor should take pictures of the vehicle damage and the accident scene and forward then to the Office of Employee Services via interoffice mail, along with the signed originals of any documents and reports.

A. *Local Authorities' Accident Report indicates County at fault* - If the appropriate law enforcement authority's accident report from the scene of the accident indicates that the County vehicle driver was at fault, the supervisor will require the employee driver to submit to a drug and alcohol test at a Lake County authorized Healthcare Provider immediately following the local authorities' completed investigation. The supervisor will escort the employee to the testing facility. If the County driver is at fault, the Employee Services' Risk Coordinator will conduct an investigation to gather more information and make recommendations for preventing future accidents and possible corrective action towards employee involved.

1) If the preliminary estimate of the County vehicle damage is less than \$1,000, estimates shall be obtained from two local repair shops and submitted to the Risk Coordinator. The Risk Coordinator will advise the supervisor to schedule repairs at an approved facility. Once the repairs are complete, the Risk Coordinator will process the payment. Since Lake County does not have a deductible for vehicle damage claims, the insurance fund will pay the entire cost to repair the vehicle.

2) If the preliminary estimate of the County vehicle damage is over \$1,000, the TPA will determine if two estimates will be acceptable. If not, the TPA will contact a property damage appraiser to assess the amount of damage. The vehicle will be repaired at a repair shop according to the lowest estimate or the appraisal. The TPA will process payment directly to the repair shop.

B. *Local Authorities' Accident Report indicates other Driver at fault* - If the local authorities' accident report from the scene of the accident indicates that the other vehicle driver is at fault, the County driver will obtain the other driver's insurance company information. The Risk Coordinator will contact the driver at fault's insurance company for claim reporting, appraisal, and payment procedures.

If the other driver was uninsured or unreachable, the Risk Coordinator will report the claim to the TPA. The TPA will contact a property damage appraiser to assess the amount of damage. The vehicle will be repaired at a repair shop according to the lowest estimate. The TPA will process payment directly to the repair shop.

#### 4. Injury and/or Property Damage to a Citizen

Supervisor must notify the Office of Employee Services immediately following an injury and/or property damage to a citizen.

A. *Citizens' injuries or property damage at a County facility* - The supervisor must report the incident immediately to the Office of Employee Services. The Citizen Property Damage & Injury Report form (*See Attachment 3*) must be completed by the supervisor. The supervisor is responsible for ensuring that all appropriate reports are completed, faxed when necessary, collected, and submitted as a

complete packet to the Office of Employee Services immediately following an incident. (See *Section 6*)

- 1) *Citizens' injury claims* – The Office of Employee Services will submit the Citizen Property Damage & Injury Report form (See *Attachment 3*) report to the TPA for their review and investigation of the incident. If it is determined by the TPA that the County was responsible for the incident, the TPA will determine the amount payable and request settlement authority from the County.
  - 2) *Citizen's vehicle or other property damage claims* - The Employee Services' Risk Coordinator will investigate the incident and decide whether the claim should be denied or sent to the TPA for further investigation. If a claim is to be denied, a denial letter will be sent to the claimant. Otherwise, the Risk Coordinator will submit the reports to the TPA for further investigation. If it is determined that the County has responsibility for the damage, the TPA will assign an appraiser to assess the damage. The TPA will request settlement authority from the County.
- B. *Citizens vehicle damaged by a County road defect* - The Risk Coordinator will investigate a report from a citizen claiming damage to personal vehicle caused by a Lake County road defect.
- 1) Risk Coordinator will obtain details of damage from citizen (and witness/es if available) and complete the Potholes and Other Road Hazards Report form (See *Attachment 6*).
  - 2) Risk Coordinator will contact the Public Works Road Operations department and provide information on the pothole and/or other road hazard. This information will include location, direction citizen traveling, distance from edge of road, dimensions, etc.
  - 3) Public Works Road Operations employees will provide a photograph of the pothole and/or other road hazard before it is repaired. Public Works Road Operations employees are to respond as soon as possible once the notice from the Risk Coordinator has been received.
  - 4) Risk Coordinator will also request maintenance records on a pothole and/or other road hazards for the location and when the repair was completed.
    - a. Risk Coordinator will allow 24-48 hours for the maintenance record from Public Works Road Operations. Once the record has been received, the Risk Coordinator will review it to see if there is a previous complaint on the pothole and/or other road hazard that has not been repaired.
    - b. If the pothole and/or other road hazard that has not been repaired, the Risk Coordinator will fax report to the TPA to evaluate and process/deny the claim.

- c. If there are no previous complaints, the Risk Coordinator will forward a Denial Letter to the citizen. (*See Attachment 7*)
- d. If a citizen wants to appeal to higher authority, the Risk Coordinator will provide information to the Employee Services Director and provide the citizen with the Director's name and phone number to contact regarding their claim. The Risk Coordinator will request citizen to allow adequate time for the Director to review claim prior to call.

5. County Property Damage caused by Citizen or Private Entity

- A. If post-incident investigation indicates that damage to Lake County property was caused by a citizen or private entity (such as County guardrail damage from a vehicle accident), the Risk Coordinator will contact the citizen to obtain insurance contact information and contact the citizen's insurance company for payment.
- B. If the citizen is uninsured, uncooperative or unreachable, the property damage claim will be submitted to the TPA. The TPA will attempt to recover costs for the County property damage. If the costs are not recovered, payment will be processed by the TPA from the County's insurance.

6. Property & Liability Reports

Property & Liability reports can be obtained from the Lake County intranet, either through the "Forms" Quick Link or by going to the Employee Services Property & Liability webpage.

Supervisors are responsible for ensuring that all appropriate reports are completed, signed, faxed when necessary, collected, and submitted as a complete packet to the Office of Employee Services immediately following an incident.

- A. The supervisor, employee, and witness must complete one of the following respective Lake County reports immediately after incidents involving damage to County property, including buildings, vehicles and equipment.
  - 1) Lake County Property Damage – Supervisor Investigation (*Attachment 1*)
  - 2) Lake County Property Damage – Employee Statement (*Attachment 2*)
  - 3) Incident Report – Witness Statement (*Attachment 4*)
- B. Citizen Property Damage & Injury Report (*Attachment 3*) – The Supervisor must complete immediately for any County incident that involves injury and/or property damage to a citizen.
- C. Lake County Property Damage - Lightning Loss Affidavit (*Attachment 5*)

- 1) A Certified Electrician must complete following lightning damage to County property.
- 2) The form must be notarized before forwarding it to the Office of Employee Services.

D. Pothole and Other Road Hazards Report (Attachment 6) – The Risk Coordinator must complete following a report of a road hazard claim by a citizen.

E. Denial Letter (*Attachment 7*) – The Risk Coordinator must complete following denial of a road hazard claim by a citizen.

#### 7. Property & Liability Webpage

The Lake County Workers' Property & Liability Webpage provides specific information on the County's Property & Liability procedures and forms. To obtain this information, go to the Employee Services website, click on Property and Liability in the Related Links column.

#### 8. Property & Liability Flow Chart

The Property & Liability Flow Chart provides quick reference information on steps to take for reporting damage to County property. (*Attachment 8*)

#### 9. Property & Liability Claims Committee

The Property & Liability Claims Committee is comprised of four employees of Lake County Board of County Commissioners with representation from the Office of Employee Services and County Attorney's Office. The committee was created to settle property or liability claims and shall have the authority to do so for claims that are \$10,000 or less. The Property & Liability Claims Committee shall accept all proper releases on behalf of the County.

The Board of County Commissioners upon deeming it to be in the best interest of the program to settle a liability claim shall have the authority to do so for claims with a value greater than \$10,000 and less than \$50,000.

#### 10. Safety Action Team

The Safety Action Team will review Property Damage reports at monthly meetings and make recommendations to reduce or eliminate future damage to County property.

#### 11. Further Investigation

Employee Services may require more information than the Property Damage Reports provide. An investigation can be initiated if Employee Services deems it necessary because of information either contained or lacking in the original reports. An Employee Services employee will conduct an investigation to gather more information and make recommendations for corrective actions.

**RESERVATION OF AUTHORITY:**

The Office of Employee Services is responsible for developing, implementing and updating policies and procedures supporting employment standards, programs and benefits as delegated by the Lake County Board of County Commissioners and the County Manager. The authority to issue and/or revise this procedure is reserved for the County Manager.

Approved By: Cindy Hall, County Manager

Date: 12/11/06

**Attachment 1**

**Lake County Property Damage – Supervisor Investigation**

*Lake County Board of County Commissioners*



Supervisor must complete this report **immediately** following property damage.

Report must include **FULL** details concerning the property damage incident.

**Section I – Property Damage/Conditions/Facts**

<b>Name of Employee</b>		<b>Department</b>		<b>Division</b>		<b>Job Title</b>
<b>Date of Incident</b>	<b>Time of Incident</b>	<b>Name of Supervisor</b>			<b>Phone Number of Supervisor</b>	
<b>Specific Location of Incident</b>				<b>Type of Damage</b>		
<b>Names of all Witnesses</b>						
<b>Specifically, describe the items and/or property damaged in the incident.</b> Describe in full detail, with serial numbers, property tag numbers, associated costs, etc., if applicable. Describe how the damage occurred and the extent of damage. Describe the task being done; conditions at the worksite (example: sunny, slippery, indoors, etc.). <b>Details are crucial for processing and prevention.</b>						
<b>Supervisor Investigation:</b>						

**Section II – Preventative Action**

What preventative action will eliminate/minimize the risk of this type of incident again? What would employee do to prevent incident? Examples: Written procedure, training, equipment change, corrective actions-warning/suspension to employee, , etc.
<b>Supervisor Preventative Action:</b>

**Section III – Signatures**

<b>Supervisor Signature</b>	<b>Date</b>	<b>Division Director Signature (If Applicable)</b>	<b>Date</b>
		<b>Department Director Signature</b>	<b>Date</b>

Send completed report to the Office of Employee Services, Administrative Building, Rm. 430 / 315 W. Main St, Tavares, FL 32778. (Please attach Employee and Witness Statements, repair estimates, police reports and pictures and submit reports/forms as one packet, if possible, to Employee Services.)



**Attachment 2**



**Lake County Property Damage – Employee Statement**

*Lake County Board of County Commissioners*

Employee must complete this report **immediately** following the property damage.

Report must include **FULL** details concerning the injury/illness incident.

**Section I – Employee Information**

<b>Name of Employee</b>		<b>Phone Number</b>		<b>E-mail</b>
<b>Department</b>		<b>Division</b>		<b>Job Title</b>
<b>Date</b>	<b>Time</b>	<b>Injury or Illness Report Required</b>		<b>Supervisor Name</b>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Specific Location of Incident</b>			<b>Type of Damage</b>	
<b>Names of all Witnesses</b>				

**Section II – Conditions/Facts**

**Specifically, describe the items and/or property damaged in the incident.** Describe in full detail, with serial numbers, property tag numbers, associated costs, etc., if applicable. Describe how the damage occurred and the extent of damage. Describe the task being done; conditions at the worksite (example: sunny, slippery, indoors, etc.). **Details are crucial for processing and prevention.**

**Employee Statement:**

**Section III – Signatures**

Employee Signature

Date

Supervisor Signature

Date

Send report to the Office of Employee Services, Administrative Building, Rm. 430 / 315 W. Main St.,  
Tavares, FL 32778.

**Attachment 3**



## Citizen Property Damage & Injury Report

*Lake County Board of County Commissioners*

This report must be completed **immediately** following the damage or injury.

Report must include **FULL** details concerning the incident.

### Section I - Property Damage / Injuries / Facts

Name of Citizen		Address of Citizen		Phone Number of Citizen	
Name of Employee		Department		Division	
Date of Incident		Time of Incident		Name of Supervisor	
				Phone Number of Supervisor	
Specific Location of Incident			Type of Incident (Property Damage and/or Injury)		
Officials called to the Scene (Police, Fire, EMS)					
Names & Phone Numbers of all Witnesses					

### Section II – Condition/Facts

**Specifically describe the property damaged or injury in the incident.** Describe the task being done and conditions at the site. (For example, sunny, wet surface, indoors, etc. **For Property Damage** - include manufacturers, serial numbers and costs (if known), extent of damage and events that led to the damage. **For Injuries** - describe the extent of the injury and the events that led to the injury. **Details are crucial for processing and prevention of future incidents.**

Statement:

### Section III - Signatures

Signature of Person Completing Report	Date	Division Director Signature (If Applicable)	Date
Supervisor Signature	Date	Department Director Signature	Date

Send completed report to the Office of Employee Services, Administrative Building, Rm. 430 / 315 W. Main St,  
Tavares, FL 32778. (Please attach witness statements, repair estimates, police reports and pictures.)

**Attachment 4**



## Incident Report – *Witness Statement*

*Lake County Board of County Commissioners*

*(This form can be used for workers' compensation and/or property and liability situations.)*

Witness must complete this report **immediately** following the incident.

Report must include **FULL** details concerning the incident.

### Section I – Witness Information

Name of Witness	Department of Witness	Phone Number of Witness

### Section II – Conditions/Facts

Name of Employee involved in the Incident		Supervisor of Employee involved in the Incident
Date of Incident	Time of Incident	Specific Location of Incident

**Specifically, describe the incident:** How it occurred, what was our involvement, what was the employee doing (describe task being done), for how long, with what equipment, at what pace, conditions at the incident site (e.g., sunny, slippery, indoors, etc.) Identify possible causes/factors that may have contributed to the incident (e.g., unsafe act, equipment, use of personal protective equipment, etc.) **Details are crucial for processing and prevention.** *(If completing form by hand, please feel free to continue statement on back or attach additional sheets allowing ample room for explanation.)*

**Witness Statement:**

### Section III – Signatures

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Attach report to Supervisor Investigation, and supervisor will send all reports to the  
Office of Employee Services, Administrative Building, Rm. 430 / 315 W. Main St, Tavares, FL 32778.

**Attachment 5**



## Lake County Property Damage - Lightning Loss Affidavit

*Lake County Board of County Commissioners*

**This report must be completed by a certified electrician and notarized.**

Report must include **FULL** details concerning the lightning incident.

<b>Date of Inspection</b>		
<b>Name of Inspector/Repairer</b>		<b>Name of Contractor</b>
<b>Address, State, County of Contractor</b>		
<b>Model Number</b>	<b>Serial Number</b>	<b>Model Year</b>
<b>Date of Purchase</b>	<b>Price</b>	<b>Size</b>
<b>Place Purchased</b>	<b>Owned by</b>	<b>Address</b>
<b>Date of Loss</b>	<b>Time of Loss</b>	
<b>Are damaged item(s) available for inspection?</b>		
Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where?		
<b>Check one of the below:</b>		
(a) <input type="checkbox"/> Definitely not caused by lightning.		
(b) <input type="checkbox"/> There is no evidence of lightning damage.		
(c) <input type="checkbox"/> While there is no evidence of any direct lightning strike, a power surge caused indirectly by lightning, damaged the items listed. I will keep the damaged parts for a period of 45 days for inspection by the insurer or any interested regulatory body as authorized by law.		
(d) <input type="checkbox"/> There is no doubt lightning caused this loss. I will keep the damaged parts for a period of 45 days for inspection by the insurer or any interested regulatory body as authorized by law.		
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.		

Inspector/Repairer's Signature

Acknowledged before me by the above named on this \_\_\_\_\_ of \_\_\_\_\_,  
Day Month Year

(Seal) Notary Public

**Send report to the Office of Employee Services, Administrative Building, Rm. 430 / 315 W. Main St, Tavares, FL 32778.**

**Attachment 6**



## Pothole and Other Road Hazards Report

*Lake County Board of County Commissioners*

Risk Coordinator must complete this report following notification by a citizen of a pothole and/or other road hazard damage.

Report must include **FULL** details concerning the incident.

### Section I – Citizen Information

Name of Citizen		Address of Citizen	Phone Number of Citizen
<input type="text"/>		<input type="text"/>	<input type="text"/>
Date of Incident	Time of Incident	Location of Incident	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

### Section II – Conditions/Facts

Describe Reported Hazard (Type, dimensions, distance from edge of road, etc.)		
<input type="text"/>		
Describe events leading to the incident.		
<input type="text"/>		
Make, Model and Year of Vehicle		
<input type="text"/>		
Are Photographs Available?	What was the speed of the vehicle?	What was the posted speed limit?
Yes      No	<input type="text"/>	<input type="text"/>
How frequently does claimant travel road?		
<input type="text"/>		
Follow-up Action		
<input type="text"/>		
Resolution (Payment or Denial)		
<input type="text"/>		

### Section III – Signature

\_\_\_\_\_  
Risk Coordinator's Signature

\_\_\_\_\_  
Date

**Attachment 7**



*Month Day, Year*

*Citizen Name*

*Citizen Address*

*Citizen City, State Zip Code*

Re: Incident on *Street (Date)*  
Reported to the Office of Employee Services - Risk Coordinator (*Date*)

Dear *Citizen Name*:

In response to your recent claim for auto damage from a pothole on *Street*, our investigation indicates that Lake County had not been notified of any problems in this area prior to your incident.

Please be advised that while we sympathize with your situation, it is our position that Lake County is not responsible for the damages to your vehicle.

If you carry the appropriate coverage on your personal auto policy, it is recommended that you file a claim with your own insurance carrier.

If you have any questions, please feel free to contact me at 343-9596.

Sincerely,

*Name*

Risk Coordinator

*L/Year/Month/Letter Number (Denial Letter Tracking Number)*

cc: *Name*, Risk & Safety Supervisor

